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MAR 24 2006**TELEFAX**

Date: March 24, 2006 **Total pages:** 8 including cover
To: US PTO **Telephone:** **Telefax:** 571-273-8300
From: Patrea L. Pabst **Telephone:** 404-879-2151 **Telefax:** (404) 879-2160
Our Docket No. VAC 106 **Client/Matter No.** 095150/00012
Your Docket No.

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MESSAGE:**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Martin P. Vacanti and Charles A. Vacanti

Serial No.: 10/688,305 **Art Unit:** 1651

Filed: October 17, 2003 **Examiner:** Ruth Davis

For: *BIOLOGICAL SCAFFOLDING MATERIAL*

Attachments:
Transmittal Form PTO/SB/21
Fee Transmittal Form PTO/SB/17
Response to Restriction Requirement

{e5063463.1}

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PTO/SB/21 (09-04)


Approved for use through 07/31/2008. OMB 0651-0031

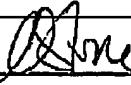
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/688,305	
	Filing Date	October 17, 2003	
	First Named Inventor	Martin P. Vacanti	
	Art Unit	1651	
	Examiner Name	Ruth Davis	
Total Number of Pages in This Submission	7	Attorney Docket Number	VAC 106

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Pabst Patent Group LLP	
Signature		
Printed name	Patrea L. Pabst	
Date	March 24, 2006	Reg. No. 31,284

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Carla Stone	Date	March 24, 2006

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PTO/SB/17 (01-08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 10/688,305

Filing Date October 17, 2003

First Named Inventor Martin P. Vacanti

Examiner Name Ruth Davis

Art Unit 1651

Attorney Docket No. VAC 106

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MAR 24 2006

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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33 - 33 or HP = 0 x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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3 - 4 or HP = 0 x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature		Registration No. 31,284	Telephone 404-879-2151
Name (Print/Type)	Patrea L. Pabst	(Attorney/Agent)	Date March 24, 2006

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For: *BIOLOGICAL SCAFFOLDING MATERIAL*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

Responsive to the Office Action mailed on February 24, 2006, please consider the following remarks.

It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.